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## BIB DATA SHEET

CONFIRMATION NO. 7234

| SERIAL NUMBER   | FILING or 371(c)<br>DATE<br>RULE  | CLASS  | GROUP ART UNIT                    | ATTORNEY DOCKET<br>NO.                                       |                           |                                |
|---|---|--|-----------------------------------|--|---------------------------|--------------------------------|
| 10/598,559  | 09/05/2006  | 166  | 3676                              | 2006-IP-019761 U1<br>USA                                     |                           |                                |
| <b>APPLICANTS</b><br>Rune Freyer, Stavanger, NORWAY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/NO05/00456 12/12/2005<br><b>** FOREIGN APPLICATIONS *****</b><br>NORWAY 20045478 12/16/2004<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/22/2007 |   |  |                                   |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/ANGELA M DI TRANI/</u><br>Examiner's Signature                |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>NORWAY | <b>SHEETS DRAWINGS</b><br>3                                  | <b>TOTAL CLAIMS</b><br>12 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>SMITH IP SERVICES, P.C.<br>P.O. Box 997<br>Rockwall, TX 75087<br>UNITED STATES  |   |  |                                   |  |                           |                                |
| <b>TITLE</b><br>Method and Device for Sealing a Void Incompletely Filled with a Cast Material   |   |  |                                   |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                   | <input type="checkbox"/> All Fees                            |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> Other _____                         |                           |                                |
|   |   |  | <input type="checkbox"/> Credit   |  |                           |                                |